

# Exhibit 1

**Service of Process  
Transmittal**

06/11/2020

CT Log Number 537772942

**TO:** RACHAEL KLINSTIVER  
Kindred Healthcare, LLC  
680 S 4TH ST  
LOUISVILLE, KY 40202-2412

**RE: Process Served in Tennessee**

**FOR:** Kindred Hospitals Limited Partnership (Domestic State: DE)

**ENCLOSED ARE COPIES OF LEGAL PROCESS RECEIVED BY THE STATUTORY AGENT OF THE ABOVE COMPANY AS FOLLOWS:**

**TITLE OF ACTION:** Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased, Pltf. vs. Kindred Hospitals Limited Partnership, etc., Dft.

**DOCUMENT(S) SERVED:** -

**COURT/AGENCY:** None Specified  
Case # 20C620

**ON WHOM PROCESS WAS SERVED:** C T Corporation System, Knoxville, TN

**DATE AND HOUR OF SERVICE:** By Certified Mail on 06/11/2020 postmarked on 06/08/2020

**JURISDICTION SERVED :** Tennessee

**APPEARANCE OR ANSWER DUE:** None Specified

**ATTORNEY(S) / SENDER(S):** None Specified

**ACTION ITEMS:** CT has retained the current log, Retain Date: 06/11/2020, Expected Purge Date: 06/16/2020  
  
Image SOP  
  
Email Notification, RACHAEL KLINSTIVER rachael.klinstiver@kindred.com

**SIGNED:** C T Corporation System  
**ADDRESS:** 208 South LaSalle Street  
Suite 814  
Chicago, IL 60604

**For Questions:** 866-331-2303  
CentralTeam1@wolterskluwer.com

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Information displayed on this transmittal is for CT Corporation's record keeping purposes only and is provided to the recipient for quick reference. This information does not constitute a legal opinion as to the nature of action, the amount of damages, the answer date, or any information contained in the documents themselves. Recipient is responsible for interpreting said documents and for taking appropriate action. Signatures on certified mail receipts confirm receipt of package only, not contents.

**THE HIGGINS FIRM, PLLC**  
525 Fourth Ave. South  
Nashville, TN 37210  
615-333-0930

CERTIFIED MAIL

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\* 1-UP Laser Form \*  
\* NUSA GMP - 124 10/18 \*

**CERTIFIED MAIL**

**\$15.120**  
US POSTAGE  
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FROM 37210  
06/08/2020  
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9402 9118 9956 3438 1587 71

Kindred Hospitals Limited Partnership  
c/o Reg Agent: CT Corporation System  
300 Montvue Road  
Knoxville TN 37919-5510

Hamilton County

# STATE OF TENNESSEE CIVIL SUMMONS

Case Number

20C626

page 1 of 2

**Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased v. Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga**

Served On:

**Kindred Hospitals  
Limited Partnership**

**C/o Registered Agent: CT Corporation System, 300 Montvue Road, Knoxville, TN 37919-5546**

You are hereby summoned to defend a civil action filed against you in Circuit Court, Hamilton County, Tennessee. Your defense must be made within thirty (30) days from the date this summons is served upon you. You are directed to file your defense with the clerk of the court and send a copy to the plaintiff's attorney at the address listed below. If you fail to defend this action by the below date, judgment by default may be rendered against you for the relief sought in the complaint.

Issued:

June 5 2020

C. Swannick  
Clerk / Deputy Clerk

Attorney for Plaintiff:

**Richard Piliponis and Ben Miller of Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210**

## NOTICE OF PERSONAL PROPERTY EXEMPTION

TO THE DEFENDANT(S): Tennessee law provides a ten thousand dollar (\$10,000) personal property exemption as well as a homestead exemption from execution or seizure to satisfy a judgment. The amount of the homestead exemption depends upon your age and the other factors which are listed in TCA § 26-2-301. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for your self and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer. Please state file number on list.

Mail list to \_\_\_\_\_, Clerk, \_\_\_\_\_ County

## CERTIFICATION (IF APPLICABLE)

I, \_\_\_\_\_, Clerk of \_\_\_\_\_ County do certify this to be a true and correct copy of the original summons issued in this case.

Date: \_\_\_\_\_

Clerk / Deputy Clerk

**OFFICER'S RETURN:** Please execute this summons and make your return within ninety (90) days of issuance as provided by law.

I certify that I have served this summons together with the complaint as follows: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Officer, Title

**RETURN ON SERVICE OF SUMMONS BY MAIL:** I hereby certify and return that on \_\_\_\_\_, I sent postage prepaid, by registered return receipt mail or certified return receipt mail, a certified copy of the summons and a copy of the complaint in the above styled case, to the defendant \_\_\_\_\_. On \_\_\_\_\_ I received the return receipt, which had been signed by \_\_\_\_\_ on \_\_\_\_\_. The return receipt is attached to this original summons to be filed by the Court Clerk.

Date: \_\_\_\_\_

Notary Public / Deputy Clerk (Comm. Expires \_\_\_\_\_)

**Hamilton County**

**STATE OF TENNESSEE  
CIVIL SUMMONS**

**Case Number**

page 2 of 2

**Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased v. Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga**

Signature of Plaintiff

Plaintiff's Attorney (or Person Authorized to Serve Process)  
(Attach return receipt on back)

IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

**Teresa Anne Joyner, as administratrix of  
the estate and on behalf of the wrongful  
death beneficiaries of Lorraine Anthony,  
deceased,**

**Plaintiff,**

**v.**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga,**

**Defendant.**

Case No: 20C620  
JURY DEMAND

FILED IN OFFICE  
2020 JUN -5 AM 9:23  
LARRY L. HENRY, CLERK

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**COMPLAINT**

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Plaintiff, Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased, brings this cause of action against defendant, Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga, as follows:

**PARTIES**

1. Teresa Anne Joyner is the administratrix of the estate of Lorraine Anthony and has standing to bring this action.

2. Kindred Hospitals Limited Partnership is, and at all times mentioned herein was, a Delaware company doing business in Hamilton County, Tennessee as Kindred Hospital - Chattanooga. Defendant can be served with process through its registered agent, CT Corporation System, 300 Montvue Rd, Knoxville TN 37919-5546.

### **JURISDICTION AND VENUE**

3. A substantial part of the events or omissions giving rise to this cause of action accrued in Hamilton County, Tennessee, and jurisdiction and venue are therefore appropriate in this court.

4. Plaintiff gave notice to defendant of a potential claim at least sixty (60) days in advance of filing this complaint in conformity with the provisions of T.C.A. §29-26-121, as evidenced by the *Affidavit of Service with Certificate of Mailing* attached hereto as Exhibit A.

5. Pursuant to order of Tennessee Supreme Court, statutes of limitations and statutes of repose that would otherwise expire during the period from March 13, 2020 through May 31, 2020 are extended through June 5, 2020.

6. In the event defendant believes that Lorraine Anthony or someone on her behalf has entered into an agreement to arbitrate any issues between them, then pursuant to 9 USCS § 4 plaintiff demands a trial by jury to resolve all fact issues of whatever nature related to defendant's claims that a binding arbitration agreement was entered into that would require the submission of the claims raised in this complaint to an arbitrator.

### **DEFINITIONS**

7. Whenever it is alleged that defendant did any act or failed to do any act, it is meant that the officers, employees, or agents of defendant performed, participated in or failed to perform or participate in such acts or things while in the course and scope of their employment or agency relationship with defendant.

### **FACTS**

8. Mrs. Anthony was hospitalized at Kindred Hospital - Chattanooga from approximately April 19, 2019 until the date of her death, July 22, 2019.

9. At all times from April 19, 2019 through July 22, 2019, Kindred Hospital - Chattanooga held itself out to the public as providing medical services, Mrs. Anthony looked to Kindred Hospital - Chattanooga rather than to the individual healthcare providers to perform those services, and Mrs. Anthony accepted those services in the reasonable belief that the services were provided by Kindred Hospital - Chattanooga or its employees.

10. Mrs. Anthony required assistance with her activities of daily living, even the most basic activities such as turning and repositioning and tracheostomy care. Defendant was aware of these conditions, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.

11. Mrs. Anthony was at risk for developing and worsening pressure injuries. Defendant was aware of this condition, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.

12. Defendant failed to develop and implement an effective plan for the prevention of developing and worsening pressure injuries.

13. Mrs. Anthony was at risk for c. Defendant was aware of this condition, or reasonably should have been aware, and was required to meet her needs or discharge her to an appropriate facility where her needs could be met.

14. Defendant failed to develop and implement an effective plan for the prevention of complications from her tracheostomy.

15. Defendant failed to implement a system to ensure that Mrs. Anthony was properly monitored and protected from acts of abuse and neglect.

16. Due to the inadequate care of defendant, Mrs. Anthony suffered injuries and harm which include, but are not limited to, the following:



- (a) Abuse and neglect;
- (b) Pressure ulcers;
- (c) Complications from her tracheostomy;
- (d) Delays in care;
- (e) Severe pain; and
- (f) Death.

17. The foregoing injuries are a direct and proximate result of the acts or omissions set forth herein, singularly or in combination. As a result of these injuries, Mrs. Anthony's health deteriorated, she required medical treatment, she suffered significant pain, and she died.

**COUNT I – NEGLIGENCE PURSUANT TO THE TENNESSEE MEDICAL  
MALPRACTICE ACT, TENN. CODE ANN. §29-26-115, ET SEQ.**

18. Defendant owed a duty to its patients, including Mrs. Anthony, to render care, services and treatment as a reasonably prudent and similarly situated hospital would render, including but not limited to, rendering care and services in a safe and beneficial manner.

19. Defendant owed a duty to assist its patients, including Mrs. Anthony, in attaining and maintaining the highest level of physical, mental and psychosocial well-being.

20. Defendant failed to meet that standard of care and violated its duty of care in its treatment of Mrs. Anthony through mistreatment, abuse and neglect. The medical negligence of defendant includes, but is not limited to, the following acts and omissions:

- a. Failure to provide and ensure adequate nursing care plans, including necessary revisions, based upon the needs of Mrs. Anthony;
- b. Failure to implement and ensure that an adequate nursing care plan for Mrs. Anthony was followed by nursing personnel;
- c. Failure to provide timely medical intervention to Mrs. Anthony;

- 1
- d. Failure to provide nursing personnel sufficient in number to ensure that Mrs. Anthony attained and maintained the highest level of physical, mental, and psychosocial well-being;
  - e. Failure to provide care and treatment to Mrs. Anthony in accordance with her physicians' orders;
  - f. Failure to properly and timely notify Mrs. Anthony's attending physician of significant changes in Mrs. Anthony's physical condition;
  - g. Failure to adequately and appropriately monitor Mrs. Anthony and recognize significant changes in her health status;
  - h. Failure to provide treatment for persistent, unresolved problems relating to the care and physical condition of Mrs. Anthony, resulting in unnecessary pain, agony and suffering;
  - i. Failure to provide timely and adequate nursing intervention to alleviate pain and suffering endured by Mrs. Anthony;
  - j. Failure to maintain medical records on Mrs. Anthony that are complete, accurately documented, readily accessible, and systematically organized with respect to the diagnosis of Mrs. Anthony, the treatment of Mrs. Anthony, and the assessment and establishment of appropriate care plans for Mrs. Anthony.

21. A reasonably prudent hospital, operating under the same or similar conditions, would not have failed to provide the care listed above. Each of the foregoing acts of negligence on the part of defendant was a proximate cause of Mrs. Anthony's injuries. Mrs. Anthony's injuries were all foreseeable to defendant.

22. Defendant's conduct in breaching the duties it owed to Mrs. Anthony was negligent, grossly negligent, willful, wanton, malicious, reckless and/or intentional.

23. The injuries herein described are a direct and proximate result of the acts or omissions as set forth above, singularly or in combination.

24. Defendant is both directly and vicariously liable to plaintiff under the theory of *respondent superior* for the acts or omissions of its employees and/or agents.

25. Plaintiff seeks compensatory and punitive damages in an amount to be determined by the jury, plus costs and any further relief to which she is entitled by law.

**COUNT II – GROSS NEGLIGENCE, WILLFUL, WANTON,  
RECKLESS, MALICIOUS AND/OR INTENTIONAL MISCONDUCT**

26. The longevity, scope and severity of defendant's failures and actions and its consciously indifferent actions with regard to the welfare and safety of helpless residents, such as Mrs. Anthony, constitutes gross negligence, willful, wanton, reckless, malicious and/or intentional misconduct as such terms are understood in law.

27. Such conduct was undertaken by defendant without regard to the health and safety consequences to those residents, such as Mrs. Anthony, entrusted to its care. Moreover, such conduct evinces such little regard for its duties of care, good faith, and fidelity owed to Mrs. Anthony as to raise a reasonable belief that the acts and omissions set forth above are the result of conscious indifference to Mrs. Anthony's rights and welfare.

28. As a direct and proximate result of the grossly negligent, willful, wanton, reckless, malicious and/or intentional misconduct of defendant, Mrs. Anthony suffered injuries, resulting treatment, severe pain and death.

29. Defendant is both directly and vicariously liable to plaintiff under the theory of *respondent superior* for the acts or omissions of its employees and/or agents.

30. Plaintiff seeks compensatory and punitive damages in an amount to be determined by a jury, plus costs, and other relief to which she is entitled by law.

**PRAYER FOR RELIEF**

Plaintiff prays for judgment against defendant as follows:

- A. For damages to be determined by the jury in an amount adequate to compensate plaintiff for all injuries and damages sustained;
- B. For all general and special damages caused by the alleged conduct of defendant;
- C. For punitive damages sufficient to punish defendant for its egregious conduct and to deter defendant and others from repeating such atrocities;
- D. For the costs of litigating this case;
- E. For a jury to hear this case; and
- F. For all other relief to which plaintiff is entitled under Tennessee law.

Respectfully Submitted,

**THE HIGGINS FIRM, PLLC**

/s/ Benjamin J. Miller

**RICHARD D. PILIPONIS (#16249)**

**BENJAMIN J. MILLER (#25575)**

**CARLY MACMILLAN (#35827)**

525 4th Ave S

Nashville, TN 37210

(615) 353-0930

[rdp@higginsfirm.com](mailto:rdp@higginsfirm.com)

[ben@higginsfirm.com](mailto:ben@higginsfirm.com)

[carly@higginsfirm.com](mailto:carly@higginsfirm.com)

*Attorneys for Plaintiff*

**IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE**

**Teresa Anne Joyner, as administratrix  
of the estate and on behalf of the  
wrongful death beneficiaries of Lorraine  
Anthony, deceased,**

**Plaintiff,**

**s.**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital – Chattanooga,**

**Defendant.**

**Case No:**

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**AFFIDAVIT OF SERVICE WITH  
CERTIFICATE OF MAILING**

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**STATE OF TENNESSEE**

**COUNTY OF DAVIDSON**

In accordance with T.C.A. § 29-26-121, the undersigned attorney, having been duly sworn, states upon oath and affirmation as follows:

1. That I am the attorney for the Plaintiff in this action and have personal knowledge of the facts contained herein.
2. On February 5, 2020, letters were sent via certified mail, return receipt requested, to Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga. A copy of the letter sent to each is attached along the time-stamped postal receipts evidencing this mailing.
3. The specified notice was timely mailed and the attorney has complied with the § 29-26-121.

**PLAINTIFF'S  
EXHIBIT**

**A**

In witness whereof, I have set my hand this the 4<sup>th</sup> day of June, 2020.

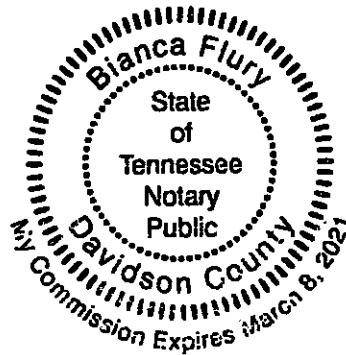
/s/ Benjamin J. Miller  
Benjamin J. Miller, Affiant

Before me, Bianca Flury, a Notary Public in and for said State, personally appeared Benjamin J. Miller, known to me personally, who executed the foregoing document in my present as his free act and deed.

Bianca Flury  
Notary Public

My commission expires: 03/08/2021

[SEAL]



Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

Page 2

**To Whom It May Concern:**

**This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.**

**Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.**

**Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.**

**Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.**

**Sincerely,**

**THE HIGGINS FIRM, PLLC**

A handwritten signature in black ink, appearing to read "Benjamin J. Miller", is written over the printed name. The signature is fluid and cursive.

**Benjamin J. Miller**

**BJM/bjf**

**Enclosures**



**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
Nashville, TN 37202-0750**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
c/o Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916**

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

Charles T. Brice, MD  
Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187

**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

**IN RE:**

**LORRAINE ANTHONY**

**DECEASED.**

**CASE NO.**

**20-18015**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm  
525 Fourth Ave. S.  
Nashville, TN 37210  
(615) 353-0930  
don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony  
Forest Cove Nursing Home, Side 4, Room 549  
Jackson, TN 38301**

**Teresa Anne Joyner  
4528 Wickers Pond Road  
Vernon, FL 32462**

**Marc Christopher Anthony  
4528 Wickers Pond Road  
Vernon, FL 32462**



**DONALD K. BYRD**

STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DATE OF DEATH: 2019-04-16

1. DECEASED'S NAME (Last, First, Middle) LORRAINE ROSE ANTHONY		2. DATE OF BIRTH 06/28/1938		3. PLACE OF BIRTH SANTA CLARA, CA	
4. SEX F		5. AGE 80		6. RACE W	
7. PLACE OF DEATH ERLANGER MEDICAL CENTER		8. CITY OF DEATH CHATTANOOGA		9. COUNTY OF DEATH HAMILTON	
10. MARRIAGE STATUS MARRIED		11. SURVIVING SPOUSE (Last, First, Middle) ROBERT PICKETT ANTHONY		12. DECEASED'S USUAL OCCUPATION HOMEMAKER	
13. SOCIAL SECURITY NUMBER 404-22-2822		14. RESIDENCE STATE OR FOREIGN COUNTRY TENNESSEE		15. COUNTY HAMILTON	
16. STREET AND NUMBER 18 RACHEL DR. 7		17. BUILDING UNIT YES		18. ZIP CODE 37403	
19. DECEASED'S EDUCATION HIGH SCHOOL GRADUATE (CHECKED)		20. DEPENDENT OF HISPANIC ORIGIN? NO; NOT SPANISH/HISPANIC/LATINO		21. DECEASED'S RACE (OTHER (EUROPEAN/PORTUGUESE))	
22. FATHER'S NAME ANTHONY SILVA		23. MOTHER'S NAME (Maiden to First Marriage) MARY PERIERA		24. FATHER'S NAME (Maiden to First Marriage) MARY PERIERA	
25. MOTHER'S NAME TERESA ANNE JOYNER		26. RELATIONSHIP TO DECEASED DAUGHTER		27. ADDRESS 4200 WICKER FORD RD. VERNON, FL 32667	
28. METHOD OF DISPOSITION CREMATION (REMOVAL FROM STATE)		29. NAME OF DISPOSITION LANE PH & CREMATORY S. CREST		30. LOCATION ROSELIE, GA	
31. SIGNATURE OF FUNERAL DIRECTOR J. GUY DAVID KELLER		32. LICENSE NUMBER 4383		33. SIGNATURE OF DECEASED [Signature]	
34. NAME AND ADDRESS OF FUNERAL HOME LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3533		35. LICENSE NUMBER 910		36. DATE FILED 07/22/19	
37. MEDICAL EXAMINER J. EDWARD GUSCHOW III		38. CERTIFICATE TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED.		39. SIGNATURE OF MEDICAL EXAMINER JEREMY GREENBERG	
40. NAME AND ADDRESS JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403		41. LICENSE NUMBER 61072		42. DATE ISSUED 07/23/19	
43. I HAVE ENTERED THE CAUSE OF DEATH ON THE BASIS OF MY KNOWLEDGE OR INFORMATION THAT DIRECTLY CAUSED THE DEATH OR OF OTHER MEDICAL DATA SUCH AS CONVICTION, BIRTH RECORD, OR OTHER INFORMATION THAT SHOWS THE CAUSE OF DEATH.		44. I HAVE ENTERED THE CAUSE OF DEATH ON THE BASIS OF MY KNOWLEDGE OR INFORMATION THAT DIRECTLY CAUSED THE DEATH OR OF OTHER MEDICAL DATA SUCH AS CONVICTION, BIRTH RECORD, OR OTHER INFORMATION THAT SHOWS THE CAUSE OF DEATH.		45. I HAVE ENTERED THE CAUSE OF DEATH ON THE BASIS OF MY KNOWLEDGE OR INFORMATION THAT DIRECTLY CAUSED THE DEATH OR OF OTHER MEDICAL DATA SUCH AS CONVICTION, BIRTH RECORD, OR OTHER INFORMATION THAT SHOWS THE CAUSE OF DEATH.	
46. CAUSE OF DEATH ACUTE OR CHRONIC HYPOTENSIVE RESPIRATORY FAILURE DUE TO (OR A CONSEQUENCE OF) TRACHEOSTOMY MALPOSITION DUE TO (OR A CONSEQUENCE OF) CHRONIC CRITICAL ILLNESS DUE TO (OR A CONSEQUENCE OF)		47. I HAVE ENTERED THE CAUSE OF DEATH ON THE BASIS OF MY KNOWLEDGE OR INFORMATION THAT DIRECTLY CAUSED THE DEATH OR OF OTHER MEDICAL DATA SUCH AS CONVICTION, BIRTH RECORD, OR OTHER INFORMATION THAT SHOWS THE CAUSE OF DEATH.		48. I HAVE ENTERED THE CAUSE OF DEATH ON THE BASIS OF MY KNOWLEDGE OR INFORMATION THAT DIRECTLY CAUSED THE DEATH OR OF OTHER MEDICAL DATA SUCH AS CONVICTION, BIRTH RECORD, OR OTHER INFORMATION THAT SHOWS THE CAUSE OF DEATH.	
49. MANNER OF DEATH NATURAL		50. DID FORCE OR USE CONTRIBUTE TO DEATH? NO		51. IF FEMALE NOT PREGNANT WITHIN PAST YEAR	
52. IF TRANSPORTATION MARTY, DATE OF MARTY 7/1		53. DATE OF MARTY 7/1		54. TIME OF MARTY [Time]	
55. DATE WHEN MARTY OCCURRED 7/1		56. LOCATION OF MARTY [Location]		57. SIGNATURE OF DECEASED [Signature]	

11268517

I hereby certify the above to be a true and correct representation of the record of death on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated § 26-2-101 et seq.; Vital Records Act of 1977.

Edward E. Bengtson  
State Registrar

11268517  
2019-04-16

CERTIFICATION OF VITAL RECORD

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Turner  
RELATIONSHIP: Daughter - Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga  
709 Walnut Street, Chattanooga, TN 37402-1916

**4. HEALTH INFORMATION TO BE DISCLOSED** Including records/documents received from any  
other health care providers, therapists, or counselors

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Portable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Progress Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Films & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can request or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the providers' facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE

Teresa Anne Joyner

DATE:

1-30-2020

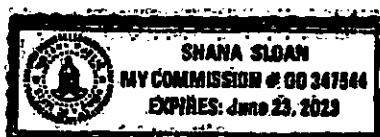
PRINTED NAME:

TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF September 2020

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC





**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-40-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Terese Turner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wilkers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

---

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy, Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Federal Home Record  
Complete Portable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Vidoctapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Program Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Films & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

**8. RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and a: longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can request or deny the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the providers' facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE: Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF January, 2020.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-48-2500

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joyner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32460

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennial Medical Center; HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center; Jennifer A. Johnson, MD, TriStar Centennial Medical Center; Charles T. Brice, MD, Kindred Hospital - Chattanooga; and Charles T. Brice, MD, USA Medical Mall

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any other health care providers, therapists, or connectors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
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Operative Reports  
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Pathology Slides

Photos/Videos/Digital Images  
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Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

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Complete Billing Record including an Itemized Statement

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709 Walnut Street  
Chattanooga, TN 37402-1916

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**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the providers' facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF September, 2020.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Ensure items 1, 2, and 3 are completed.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature: (□ Addressee or □ Agent)</p> <p><b>X</b> <i>[Signature]</i></p>	
<p>1. Article Addressed to:</p> <p><b>Kindred Hospital - Chattanooga</b>  <b>709 Walnut Street</b>  <b>Chattanooga TN 37402-1916</b></p>		<p>B. Received By: (Printed Name)</p> <p><i>[Signature]</i></p>	<p>C. Date of Delivery</p> <p><b>2-16-20</b></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9416 6118 9955 1777 7360 83</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail®</p>			

9490 9118 9955 1777 7360 37

PS Form 3811 Facsimile, July 2015 (SDC 3330)

Domestic Return Receipt

<p>U.S. Postal Service</p> <p>Certified Mail Receipt</p>	<p>OUTBOUND TRACKING NUMBER</p> <p>9416 6118 9955 1777 7360 83</p>	<p>FEEs</p> <p>Postage per piece \$3.300</p> <p>Certified Fee \$3.550</p> <p>Return Receipt Fee \$2.850</p> <p>Total Postage &amp; Fees: \$9.700</p>	
	<p>RETURN RECEIPT TRACKING NUMBER</p> <p>9490 9118 9955 1777 7360 37</p>	<p>ARTICLE ADDRESS TO:</p> <p><b>Kindred Hospital - Chattanooga</b>  <b>709 Walnut Street</b>  <b>Chattanooga TN 37402-1916</b></p>	<p>Postmark</p> <p><b>ANTHONY 2/16/2020</b></p>
			<p>Postmark</p> <p><b>ANTHONY 2/16/2020</b></p>

Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

Page 2

To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

**THE HIGGINS FIRM, PLLC**



Benjamin J. Miller

BJM/bjf

Enclosures

**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
Nashville, TN 37202-0750**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
c/o Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Charles T. Brice, MD  
Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187**



**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

**IN RE:**

**LORRAINE ANTHONY**

**DECEASED.**

**CASE NO. 2018015**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm**

**525 Fourth Ave. S.**

**Nashville, TN 37210**

**(615) 353-0930**

**don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony**

**Forest Cove Nursing Home, Side 4, Room 549**

**Jackson, TN 38301**

**Teresa Anne Joyner**

**4528 Wickers Pond Road**

**Vernon, FL 32462**

**Marc Christopher Anthony**

**4528 Wickers Pond Road**

**Vernon, FL 32462**



**DONALD K. BYRD**

**TENNESSEE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**

2010 041650

<b>002 (04)</b> TYPE OF DEATH PERMITS PLACE IN		<b>1. DECEASED'S LEGAL NAME</b> LOFRANKE ROSE ANTHONY		<b>2. SEX</b> FEMALE		<b>3. DATE OF BIRTH</b> 07/22/1919	
<b>4. TIME OF DEATH</b> UNKNOWN		<b>5. AGE</b> 83		<b>6A. UNDER 1 YEAR</b> MONTHS:      DAYS:		<b>6B. UNDER 1 DAY</b> Hours:      Minutes:	
<b>7. PLACE OF DEATH</b> ERICKSON		<b>8. DATE OF BIRTH</b> 08/22/1906		<b>9. CITY OR TOWN</b> SANTA CLARA, CA		<b>10. COUNTY OF DEATH</b> HAMILTON	
<b>11. FACILITY NAME</b> ERLANGER MEDICAL CENTER		<b>12. CITY OR TOWN</b> CHATTANOOGA		<b>13. COUNTY OF DEATH</b> HAMILTON		<b>14. TYPE OF DEATH</b> NATURAL	
<b>15. MARITAL STATUS</b> MARRIED		<b>16. SURVIVING SPOUSE</b> (Name prior to last marriage) ROBERT PICKETT ANTHONY		<b>17A. DECEASED'S USUAL OCCUPATION</b> HOUSEMAKER		<b>17B. KIND OF BUSINESS INDUSTRY</b> DOMESTIC	
<b>18. SOCIAL SECURITY NUMBER</b> TN-400-3332		<b>19A. RESIDENCE-STATE OR FOREIGN COUNTRY</b> TENNESSEE		<b>19B. COUNTY</b> HAMILTON		<b>19C. CITY OR TOWN</b> JACKSON	
<b>20. STREET AND NUMBER</b> 18 RACHEL DR.		<b>21. MADE CITY LIMITED?</b> YES		<b>22. ZIP CODE</b> 37001		<b>23. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> NO	
<b>24. DECEASED'S EDUCATION</b> HIGH SCHOOL GRADUATE CREDIT COMPLETED		<b>25. DECEASED OF HISPANIC ORIGIN?</b> NO: NOT SPANISH/HISPANIC/LATINO		<b>26. DECEASED'S RACE</b> OTHER (EUROPEAN/PORTUGUESE)		<b>27. DECEASED'S RACE</b> OTHER (EUROPEAN/PORTUGUESE)	
<b>28. FATHER'S NAME</b> ANTHONY SILVA		<b>29. MOTHER'S NAME</b> (Full to first name) MARY FERRERA		<b>30. FATHER'S NAME</b> ANTHONY SILVA		<b>31. MOTHER'S NAME</b> MARY FERRERA	
<b>32. INFORMANT'S NAME</b> TERESA ANN JOYNER		<b>33. RELATIONSHIP TO DECEASED</b> DAUGHTER		<b>34. HOME ADDRESS</b> 650 WICKERWOOD RD. VERNON, FL 32467		<b>35. HOME ADDRESS</b> 650 WICKERWOOD RD. VERNON, FL 32467	
<b>36. SITE OF DEATH</b> CREMATION REMOVAL FROM STATE		<b>37A. PLACE OF DECEASE</b> LANE FM & CREMATORY 3, CREST		<b>37B. LOCATION</b> E. ROSSVILLE, GA		<b>38. SITE OF DEATH</b> CREMATION REMOVAL FROM STATE	
<b>39. SIGNATURE OF FUNERAL DIRECTOR</b> GUY DAVID KELLER		<b>40. DECEASED'S SIGNATURE</b> 4363		<b>41. SIGNATURE OF WITNESS</b> 4363		<b>42. LICENSE NUMBER</b> 910	
<b>43. NAME AND ADDRESS OF FUNERAL HOME</b> LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3535		<b>44. NAME AND ADDRESS OF FUNERAL HOME</b> LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3535		<b>45. NAME AND ADDRESS OF FUNERAL HOME</b> LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3535		<b>46. NAME AND ADDRESS OF FUNERAL HOME</b> LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3535	
<b>47. ALICE R. BISHOP</b> 47 EDWARD BISHOP		<b>48. DATE FILED</b> 07/22/2019		<b>49. DATE FILED</b> 07/22/2019		<b>50. DATE FILED</b> 07/22/2019	
<b>51. PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.</b> <b>52. MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.</b>		<b>53. SIGNATURE</b> J. JEREMY GREENBERG		<b>54. LICENSE NUMBER</b> 51072		<b>55. DATE SIGNED</b> 07/22/2019	
<b>56. NAME AND ADDRESS</b> JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403		<b>57. NAME AND ADDRESS</b> JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403		<b>58. NAME AND ADDRESS</b> JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403		<b>59. NAME AND ADDRESS</b> JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403	
<b>60. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>61. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>62. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>63. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS	
<b>64. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>65. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>66. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>67. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS	
<b>68. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>69. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>70. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>71. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS	
<b>72. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>73. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>74. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>75. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS	
<b>76. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>77. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>78. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>79. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS	
<b>80. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>81. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>82. SIGNATURE OF CHIEF OF POLICE OR OTHER OFFICIALS</b> SUCH AS CHIEF OF POLICE, DISTRICT ATTORNEY, OR OTHER OFFICIALS		<b>83. SIGNATURE OF</b>	

**11268517**

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Terms and Code Annotated 58-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop, Jr.  
State Registrar

Date Issued: 30 June 9 2018

### CERTIFICATION OF VITAL RECORD

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joiner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 33462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga, Attn. Administrator: Andrea White, CEO  
709 Walnut Street, Chattanooga, TN 37402-1916

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Vintages and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Program Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Films & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and affiliates are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the providers' facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE: Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF September 2020.

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-40-2560

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Towner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wilkerson Pond Road, Vernon, FL 33462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

---

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Progress Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Film & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospital - Chattanooga, Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

**8. RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

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SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF January, 2020.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-48-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Jensu Anne Joiner  
RELATIONSHIP: Daughter - Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennial Medical Center-HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center; Jennifer A. Johnson, MD, TriStar Centennial Medical Center; Charles T. Brice, MD, Kindred Hospital - Chattanooga; and Charles T. Brice, MD, USA Medical Mall

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
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Discharge Summary  
Consultation Reports  
Diagram Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Films & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospital - Chattanooga, Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

**8. RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above. Purpose of Request: I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are accepted and shall be treated as an original.

SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Ensure items 1, 2, and 3 are completed.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature: (<input type="checkbox"/> Addressee or <input type="checkbox"/> Agent)</p> <p><b>X</b> _____</p>	
<p>1. Article Addressed to:</p> <p>Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga TN 37402-1916</p>		<p>B. Received By: (Printed Name)</p> <p>_____</p>	<p>C. Date of Delivery</p> <p>Feb 2 2020</p>
<p>2. Article Number (Transfer from service label)</p> <p>9415 6118 9856 1777 7144 94</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail®</p>			

PS Form 3811 Facsimile, July 2015 (SDC 3830)

Domestic Return Receipt

<p>U.S. Postal Service</p> <p>Certified Mail Receipt</p>	<p><b>OUTBOUND TRACKING NUMBER</b></p> <p>9415 6118 9856 1777 7144 94</p>	<p><b>FEEs</b></p>
	<p><b>RETURN RECEIPT TRACKING NUMBER</b></p> <p>9430 6118 9856 1777 7144 48</p>	<p>Postage per piece \$3.300</p>
	<p><b>ARTICLE ADDRESS TO:</b></p> <p>Kindred Hospital - Chattanooga Attn. Administrator: Andrea White, CEO 709 Walnut Street Chattanooga TN 37402-1916</p>	<p>Certified Fee \$3.550</p>
		<p>Return Receipt Fee \$2.650</p> <p>Total Postage &amp; Fees: \$9.700</p>

Postmark Here

Anthony 2/5/2020

Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

Page 2

**To Whom It May Concern:**

**This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.**

**Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.**

**Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.**

**Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.**

**Sincerely,**

**THE HIGGINS FIRM, PLLC**

A handwritten signature in black ink, appearing to read "Benjamin J. Miller", is written over the printed name. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

**Benjamin J. Miller**

**BJM/bjf**

**Enclosures**

**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
Nashville, TN 37202-0750**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
c/o Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407**

**Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
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**Charles T. Brice, MD  
Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187**

**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

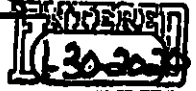
**IN RE:**

**LORRAINE ANTHONY**

**DECEASED.**

**CASE NO.**

**2018015**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm  
525 Fourth Ave. S.  
Nashville, TN 37210  
(615) 353-0930  
don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony  
Forest Cove Nursing Home, Side 4, Room 549  
Jackson, TN 38301**

**Teresa Anne Joyner  
4528 Wickers Pond Road  
Vernon, FL 32462**

**Marc Christopher Anthony  
4528 Wickers Pond Road  
Vernon, FL 32462**

  
**DONALD K. BYRD**



44-38861-1000

2018.041650

PP-1165 (Rev. 6-20-77)

Tennessee Code Annotated 56-3-101 et seq., Vital Records Act of 1977.

11-16-2018 JUL 19 2018

**CERTIFICATION OF VITAL RECORD**

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1986 SOCIAL SECURITY NO.: 409-48-2502

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Jorder  
RELATIONSHIP: Daughter - Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street, Chattanooga, TN 37402-1916

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

**Complete Emergency Medical Transport & Health Record**  
**Complete Autopsy Report, Autopsy, Photographs & Toxicology Report**  
**Complete Health Record from Physician's Office or Clinic or Chiropractor**  
**Complete Pharmacy/Prescription Record**  
**Complete Nursing Home Record**  
**Complete Funeral Home Record**  
**Complete Durable Medical Equipment Record/Medical Supply Record**  
**Complete Prosthetic Equipment & Fitting Record**  
**Complete Dental Record**  
**Radiology Reports and Radiology Studies (Films & Images)**  
**Laboratory Test Results/Pathology Reports/Pathology Slides**  
**Photographs, Videotapes and Digital Images**  
**Complete Inpatient and Outpatient Health Record**  
**Emergency Room Record**  
**History & Physical Exam**  
**Discharge Summary**  
**Consultation Reports**  
**Program Notes**  
**Laboratory Test Results**  
**Radiology Reports**  
**Radiology Studies (Films & Images) to Match Attached Reports**  
**Operative Reports**  
**Pathology Reports**  
**Pathology Slides**

Photos/Videos/Digital Images  
Abstract of Health Records (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

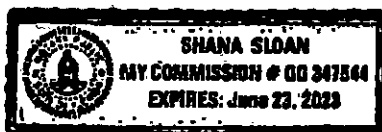
SIGNATURE: Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF September 2020

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-40-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Towner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wilkerson Pond Road, Vernon, FL 33462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Diagnostic Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Progress Notes  
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Radiology Studies (Film & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

**8. RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC





**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Jouner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennial Medical Center; HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center; Jennifer A. Johnson, MD, TriStar Centennial Medical Center; Charles T. Brice, MD, Kindred Hospital - Chattanooga; and Charles T. Brice, MD, USA Medical Mall

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FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:**

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Any and all other records in your possession pertaining to Lorraine Anthony

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Complete Billing Record including an Itemized Statement

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709 Walnut Street  
Chattanooga, TN 37402-1916

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SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Ensure items 1, 2, and 3 are completed.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature: (<input type="checkbox"/> Addressee or <input type="checkbox"/> Agent)</p> <p><b>X</b> _____</p>	
<p>1. Article Addressed to:</p> <p><b>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga TN 37402-1916</b></p>		<p>B. Received By: (Printed Name)</p> <p>_____</p>	<p>C. Date of Delivery</p> <p><b>2-09-21</b></p>
<p>2. Article Number (Transfer from service label)</p> <p><b>9415 5118 9356 1777 7107 00</b></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p>_____</p>	
<p>3. Service Type</p> <p><b>EE</b> _____</p> <p><input checked="" type="checkbox"/> Certified Mail®</p>			

9490 9118 9356 1777 7107 92

PS Form 3811 Facsimile, July 2015 (SDC 3920)

Domestic Return Receipt

<p>U.S. Postal Service Certified Mail Receipt</p>	<p>OUTBOUND TRACKING NUMBER</p> <p><b>9415 5118 9356 1777 7107 00</b></p>	<p><b>FEB 05 2020</b></p> <p>Postmark Here</p> <p><b>Anthony 2/5/2020</b></p>						
	<p>RETURN RECEIPT TRACKING NUMBER</p> <p><b>9490 9118 9356 1777 7107 92</b></p>							
	<p>ARTICLE ADDRESS TO:</p> <p><b>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 709 Walnut Street Chattanooga TN 37402-1916</b></p>							
	<p><b>FEEs</b></p> <table border="0"> <tr> <td>Postage per piece</td> <td><b>\$3.300</b></td> </tr> <tr> <td>Certified Fee</td> <td><b>\$3.550</b></td> </tr> <tr> <td>Return Receipt Fee</td> <td><b>\$2.850</b></td> </tr> <tr> <td><b>Total Postage &amp; Fees:</b></td> <td><b>\$9.700</b></td> </tr> </table>		Postage per piece	<b>\$3.300</b>	Certified Fee	<b>\$3.550</b>	Return Receipt Fee	<b>\$2.850</b>
Postage per piece	<b>\$3.300</b>							
Certified Fee	<b>\$3.550</b>							
Return Receipt Fee	<b>\$2.850</b>							
<b>Total Postage &amp; Fees:</b>	<b>\$9.700</b>							



Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



**THE HIGGINS FIRM**  
Attorneys at Law

February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

Page 2

To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

~~THE HIGGINS FIRM, PLLC~~



Benjamin J. Miller

BJM/bjf

Enclosures

**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
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**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
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**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
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**Jennifer A. Johnson, MD  
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680 South 4th Street  
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Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187

**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

**IN RE:**

**LORRAINE ANTHONY**

**DECEASED.**

**CASE NO.**

**20-18015**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm  
525 Fourth Ave, S.  
Nashville, TN 37210  
(615) 353-0930  
don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony  
Forest Cove Nursing Home, Side 4, Room 549  
Jackson, TN 38301**

**Teresa Anne Joyner  
4528 Wickers Pond Road  
Vernon, FL 32462**

**Marc Christopher Anthony  
4528 Wickers Pond Road  
Vernon, FL 32462**

  
**DONALD K. BYRD**

STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 041650

DECEASED		1. DECEASED'S LEGAL NAME LORRAINE ROSE ANTHONY		2. SEX FEMALE		3. DATE OF BIRTH 07/28/1930	
4. TIME OF DEATH UNKNOWN		5. AGE 88		6. UNDER 1 YEAR MONTHS 00 DAYS 00		7. DATE OF DEATH 08/28/2019	
8. PLACE OF DEATH ERACOUTPATIENT		9. CITY OR TOWN CHATTANOOGA		10. COUNTY OF DEATH HAMMOND		11. COUNTY OF DEATH JACKSON	
12. SOCIAL SECURITY NUMBER 400-42-2552		13. NUMBER OF YEARS ON FOREIGN COUNTRY TENNESSEE		14. US DECEASED'S USUAL OCCUPATION HOMEMAKER		15. KIND OF DEATH DOMESTIC	
16. DECEASED'S MARITAL STATUS MARRIED		17. SURVIVING SPOUSE (Name and DOB) ROBERT PICKETT ANTHONY		18. DECEASED'S USUAL RESIDENCE HOMEMAKER		19. DECEASED'S USUAL RESIDENCE DOMESTIC	
20. DECEASED'S EDUCATION HIGH SCHOOL GRADUATE COMPLETED		21. DECEASED'S EDUCATION NO; NOT SPANISH/RESPANIC/LATINO		22. DECEASED'S RACE (OTHER (EUROPEAN/PORTUGUESE))		23. DECEASED'S RACE (OTHER (EUROPEAN/PORTUGUESE))	
24. FATHER'S NAME ANTHONY SILVA		25. MOTHER'S NAME (MAIDEN OR MARRIAGE) MARY PERINERA		26. DECEASED'S NAME TERESA ANNE JOYNER		27. DECEASED'S NAME DAUGHTER	
28. DECEASED'S ADDRESS 420 WICKES ROAD RD. VERD ON FL 32462		29. DECEASED'S ADDRESS 420 WICKES ROAD RD. VERD ON FL 32462		30. DECEASED'S ADDRESS 420 WICKES ROAD RD. VERD ON FL 32462		31. DECEASED'S ADDRESS 420 WICKES ROAD RD. VERD ON FL 32462	
32. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		33. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		34. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		35. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333	
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84. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		85. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		86. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		87. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333	
88. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		89. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		90. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		91. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333	
92. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		93. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		94. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333		95. DECEASED'S ADDRESS LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37415-3333	
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11268517

I hereby certify the above to be a true and correct representation of the record of document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated §§ 3-101 et seq., Vital Records Act of 1977

*[Signature]*  
Edward G. Farnham  
State Registrar



2019 041650

CERTIFICATION OF VITAL RECORD

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joyner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street, Louisville, KY 40202-2407

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors.**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Program Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Films & Images) - Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

6. **PURPOSE OF DISCLOSURE/USE:** CIVIL LITIGATION

7. **TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the Health Information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

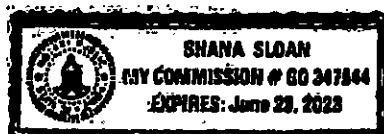
SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF September, 2020.

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-40-2560

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Terese Joiner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any  
other health care providers, therapists, or counselors**

**FROM:** All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Progress Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Film & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

**8. RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized hereby.

**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can request or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE

Teresa Anne Joyner

DATE:

1-30-2020

PRINTED NAME:

TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP:

Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY  
IDENTIFIED BY PICTURE I.D. ON THIS

Teresa Anne Joyner

WHO WAS

30 DAY OF September, 2020

WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-48-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joyner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga; TriStar Centennial Medical Center; HCA Health Services of Tennessee, Inc. d/b/a TriStar Centennial Medical Center; Jennifer A. Johnson, MD, TriStar Centennial Medical Center; Charles T. Brice, MD, Kindred Hospital - Chattanooga; and Charles T. Brice, MD, USA Medical Mall

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any other health care providers, therapists, or counselors.**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractic  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
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Laboratory Test Results/Pathology Reports/Pathology Slides  
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Emergency Room Record  
History & Physical Exam  
Discharge Summary  
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Nursing Notes  
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Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

**5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.**

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

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680 South 4th Street  
Louisville, KY 40202-2407

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**9. TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

**10. RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can request or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facilities in accordance with the providers' facilities policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE

Teresa Anne Joyner

DATE:

1-30-2020

PRINTED NAME:

TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP:

Daughter's Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF January, 2020.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville KY 40202-2407</p> <p>2. Article Number (Transfer from service label) 9415 5118 9956 1777 7111</p>		<p>A. Signature: <input type="checkbox"/> Addressee or <input type="checkbox"/> Agent</p> <p>B. Received By: (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>E. Service Type: <b>LE KY</b></p> <p><input checked="" type="checkbox"/> Certified Mail®</p>	

PS Form 3811 Facsimile, July 2015 (SDC 3830)

Domestic Return Receipt

<p>U.S. Postal Service Certified Mail Receipt</p>	<p>OUTBOUND TRACKING NUMBER 9415 5118 9956 1777 7111 41</p> <p>RETURN RECEIPT TRACKING NUMBER 9490 9118 9956 1777 7111 88</p>	<p>FEEs</p> <p>Postage per piece \$3.300</p> <p>Certified Fee \$3.950</p> <p>Return Receipt Fee \$2.650</p> <p>Total Postage &amp; Fees: \$9.700</p>
	<p>ARTICLE ADDRESS TO:</p> <p>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South 4th Street Louisville KY 40202-2407</p>	<p>Postmark Here</p> <p>Anthony 2/5/2020</p>

Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com



Page 2

To Whom It May Concern:

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

~~THE HIGGINS FIRM, PLLC~~

A handwritten signature in black ink, appearing to read 'Benjamin J. Miller', with a stylized flourish at the end.

**Benjamin J. Miller**

BJM/bjf

Enclosures



**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
Nashville, TN 37202-0750**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
c/o Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916**

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

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d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
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Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

Charles T. Brice, MD  
Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187

**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

**IN RE:**

**LORRAINE ANTHONY**

**DECEASED.**

**CASE NO. 201805**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.


**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm**

**525 Fourth Ave. S.**

**Nashville, TN 37210**

**(615) 353-0930**

**don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony**

**Forest Cove Nursing Home, Side 4, Room 549**

**Jackson, TN 38301**

**Teresa Anne Joyner**

**4528 Wickers Pond Road**

**Vernon, FL 32462**

**Marc Christopher Anthony**

**4528 Wickers Pond Road**

**Vernon, FL 32462**



**DONALD K. BYRD**

STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

DATE OF DEATH: 2019-04-16

1. DECEASED'S FULL NAME LOFTAN, ANTHONY		2. SEX MALE		3. DATE OF BIRTH 07/22/1939		4. PLACE OF BIRTH SANTA CLARA, CA	
5. TIME OF DEATH UNKNOWN		6. AGE 79		7. UNDER 1 YEAR YES		8. UNDER 1 DAY YES	
9. PLACE OF DEATH ERLANGER MEDICAL CENTER				10. CITY OR TOWN CHATTANOOGA		11. COUNTY OF DEATH HAMBLTON	
12. MARITAL STATUS MARRIED		13. DECEASED'S USPOB (Name of Spouse) ROBERT PICKETT ANTHONY		14. DECEASED'S USPOB OCCUPATION HOMEMAKER		15. KIND OF MARRIAGE DOMESTIC	
16. SOCIAL SECURITY NUMBER 400-32-2532		17. RESIDENCE STATE OR FOREIGN COUNTRY TENNESSEE		18. COUNTY HAMBLTON		19. CITY OR TOWN JACKSON	
20. DECEASED'S RACE 18 RACHEL B.R. 7		21. NUMBER CITY CITIES YES		22. YEAR BORN 2000		23. WAS DECEASED EVER MARRIED FOREIGN?	
24. DECEASED'S EDUCATION HIGH SCHOOL GRADUATE (GRADE COMPLETED)		25. DECEASED'S HISPANIC ORIGIN NO; NOT SPANISH/HISPANIC/LATINO		26. DECEASED'S RACE OTHER (EUROPEAN/PORTUGUESE)			
27. FATHER'S NAME ANTHONY SILVA				28. MOTHER'S NAME (Maiden Name) MARY FERRERA			
29. DECEASED'S NAME TERESA ANNE JOYNER		30. RELATIONSHIP TO DECEASED DAUGHTER		31. ADDRESS (Maiden Name) 1500 WICKER POND RD. VERNON, FL 32460			
32. METHOD OF DISPOSITION CREMATION REMOVAL FROM STATE		33. PLACE OF DISPOSITION LANE F&A CREMATORY 3, CREST		34. LOCATION ROSSVILLE, GA			
35. SIGNATURE OF FUNERAL DIRECTOR W. GUY DAVID KELLER		36. LICENSE NUMBER 4583		37. SIGNATURE OF DECEASED		38. LICENSE NUMBER	
39. NAME AND ADDRESS OF FUNERAL HOME LANE FUNERAL HOME, 301 ASHLAND TERRACE, CHATTANOOGA, TN 37416-3533		40. LICENSE NUMBER		41. LICENSE NUMBER			
42. REGISTERED SIGNATURE EDWARD G. BISHOP III		43. DATE FILED 07/22/2019		44. CERTIFICATE			
45. IF PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.							
46. PHYSICIAN'S NAME JEREMY GREENBERG		47. LICENSE NUMBER 61072		48. DATE SIGNED 07/22/2019			
49. NAME AND ADDRESS JEREMY GREENBERG 375 EAST 3RD STREET, CHATTANOOGA, TN 37403							
50. IF NOT A PHYSICIAN, ENTER THE CAUSE(S) AND MANNER OF DEATH, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE.							
51. ACUTE OR CHRONIC HYPOXEMIC RESPIRATORY FAILURE DUE TO (OR A CONSEQUENCE OF) TRACHEOSTOMY (MALPOSITION) DUE TO (OR A CONSEQUENCE OF) CHRONIC CRITICAL ILLNESS DUE TO (OR A CONSEQUENCE OF)							
52. IF OTHER CAUSE OF DEATH, ENTER HERE: (DO NOT SIGN IN THE SPACE, THIS CAUSE, TIME, AND PLACE, AND MANNER OF DEATH, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE, OR OBSERVATIONS THAT MAY CAUSE THE DEATH, SUCH AS CHOCOLATE.)							
53. MANNER OF DEATH NATURAL							
54. IF TRANSPORTATION ACCIDENT, ENTER HERE:		55. DATE OF INJURY		56. TIME OF INJURY		57. PLACE OF INJURY	
58. DESCRIPTION OF INJURY OCCURRED		59. LOCATION OF INJURY					

11268517

I hereby certify the above to be a true and correct representation of the report of death on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated, §§ 2-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III  
State Registrar



CERTIFICATION OF VITAL RECORD

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joiner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St., One Vencor Place, Louisville, KY 40202-2407

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractic  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
History & Physical Exam  
Discharge Summary  
Consultation Reports  
Progress Notes  
Laboratory Test Results  
Radiology Reports  
Radiology Studies (Film & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and affiliates are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the Health Information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the pending civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

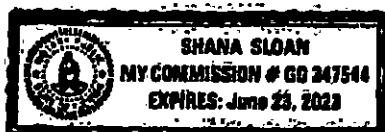
SIGNATURE: Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF September, 2020.

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC





**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-46-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Joiner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 33562

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Hospital Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Film & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
Emergency Room Record  
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Discharge Summary  
Consultation Reports  
Progress Notes  
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Radiology Reports  
Radiology Studies (Film & Images) to Match Attached Reports  
Operative Reports  
Pathology Reports  
Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

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10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are included and shall be treated as an original.

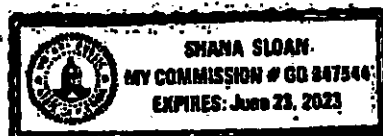
SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
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FROM: All Records

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Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
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Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
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SIGNATURE Teresa Anne Joyner DATE: 1-30-2020


PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Ensure items 1, 2, and 3 are completed.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature: (If Addressee or Agent)</p> <p><i>[Signature]</i></p>	
		B. Received By: (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St One Vencor Place Louisville KY 40202</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
 9490 8118 8956 1777 7431 34		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail®</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9415 6118 8958 1777 7431 80</p>			

PS Form 3811 Facsimile, July 2015 (SDC 3838)

Domestic Return Receipt

U.S. Postal Service Certified Mail Receipt	<p><b>OUTBOUND TRACKING NUMBER</b> 9415 6118 8956 1777 7431 80</p> <p><b>RETURN RECEIPT TRACKING NUMBER</b> 9490 8118 8956 1777 7431 34</p>	<p><b>FEEs</b></p> <p>Postage per piece \$3.300</p> <p>Certified Fee \$9.550</p> <p>Return Receipt Fee \$2.850</p> <p><b>Total Postage &amp; Fees: \$9.700</b></p>
	<p><b>ARTICLE ADDRESS TO:</b></p> <p>Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga 680 South Fourth St One Vencor Place Louisville KY 40202</p>	<p>NASHVILLE TN 37202</p> <p>FEB 05 2020</p> <p>Postmark Here</p> <p><i>Anthony 2/5/2020</i></p>

Benjamin J. Miller, Attorney  
Email: ben@higginsfirm.com



**THE HIGGINS FIRM**  
Attorneys at Law

February 5, 2020

**VIA CERTIFIED MAIL**

Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

<b>Re:</b>	<b>Patient:</b>	<b>Lorraine Anthony</b>
	<b>Date of Birth:</b>	<b>June 29, 1936</b>
	<b>Claimant:</b>	<b>Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony, and on behalf of the surviving spouse and wrongful death beneficiaries of Lorraine Anthony, deceased</b>
		<b>4528 Wickers Pond Road</b>
		<b>Vernon, FL 32462-3061</b>
	<b>Relation to Patient:</b>	<b>Daughter and Administratrix of the Estate</b>

525 Fourth Avenue South • Nashville, TN 37210  
phone (615) 353-0930 • fax (888) 210-5883 • www.thehigginsfirm.com

Page 2

**To Whom It May Concern:**

This office represents Teresa Anne Joyner, administratrix of the estate of Lorraine Anthony and on behalf of the wrongful death beneficiaries of Lorraine Anthony, and pursuant to Tenn. Code Ann. § 29-26-101, et seq. please consider this letter as notice that a potential healthcare liability claim exists against you arising out of your care and treatment of Lorraine Anthony.

Please also let this notice serve as a request for your records on Lorraine Anthony. Enclosed is an executed HIPAA compliant medical authorization permitting your release of these records to my office, along with documentation on authorization to sign the HIPAA. In the event your records are electronically stored, please provide a complete audit trail of the records.

Additionally, please find enclosed an executed HIPAA compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice. A list of the providers to whom notice is being given pursuant to Tenn. Code Ann. § 29-26-121(a) is attached hereto. Lastly, enclosed is an executed authorization with a blank provider field. You are explicitly authorized to fill in the name of any provider from whom you wish to request records.

Ms. Joyner is willing to try to resolve this matter without the need for litigation, so if there is any such interest on your end please have your attorney or liability insurance carrier contact me as soon as possible. Otherwise I anticipate suit will be filed after the mandatory 60-day waiting period expires.

Sincerely,

~~THE HIGGINS FIRM, PLLC~~

A handwritten signature in black ink, appearing to read 'Benjamin J. Miller', with a long horizontal stroke extending to the right.

**Benjamin J. Miller**

**BJM/bjf**

**Enclosures**

**List of Providers Receiving Notice pursuant to T.C.A. §29-26-101, et seq.**

**TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**TriStar Centennial Medical Center  
Attn. Administrator: Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
One Park Plaza  
Nashville, TN 37203-6527**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
Attn.: Legal Dept.  
P.O. Box 750  
Nashville, TN 37202-0750**

**HCA Health Services of Tennessee, Inc.  
d/b/a TriStar Centennial Medical Center  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Jennifer A. Johnson, MD  
TriStar Centennial Medical Center  
c/o Scott A. Cihak  
2300 Patterson Street  
Nashville, TN 37203-1538**

**Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916**

**Kindred Hospital - Chattanooga  
Attn. Administrator: Andrea White, CEO  
709 Walnut Street  
Chattanooga, TN 37402-1916**

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South 4th Street  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
680 South Fourth St.  
One Vencor Place  
Louisville, KY 40202-2407

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

Charles T. Brice, MD  
Kindred Hospital - Chattanooga  
709 Walnut Street  
Chattanooga, TN 37402-1916

Charles T. Brice, MD  
USA Medical Mall  
979 E 3rd Street, Ste. 300  
Chattanooga, TN 37403-2187



**IN THE PROBATE COURT FOR MADISON COUNTY, TENNESSEE**

**IN RE:**

**LORRAINE ANTHONY  
DECEASED.**

**CASE NO. 20-18015**



**ORDER FOR APPOINTMENT OF ADMINISTRATRIX**

This matter came to be heard on the 30th day of January, 2020 upon Petitioner Teresa Anne Joyner's verified Petition for Letters of Administration in the estate of Lorraine Anthony, who died intestate on July 22, 2019, a resident of Madison County, Tennessee. It appears from the evidence provided to the Court that Teresa Anne Joyner is an interested party as the daughter of the Decedent.

**IT IS THEREFORE, ORDERED, ADJUDGED AND DECREED:**

- (a) That Teresa Anne Joyner be appointed as the Administratrix;
- (b) That Letters of Administration issue to Personal Representative, Teresa Anne Joyner, of 4528 Wickers Pond Road, Vernon, Florida 32462;
- (c) That the requirements for bond is hereby reserved pending filing of inventory and further order of this court; inventory shall be filed within 60 days; accounting shall be submitted within 15 months and annually thereafter;
- (d) That the Bureau of TennCare be notified of these proceedings;
- (e) That Notice of Publication be commenced according to law;
- (f) For such other, further and general relief as the justice of this Petition may require.

ENTERED THIS 30<sup>th</sup> DAY OF January, 2020.

  
HONORABLE JUDGE

**APPROVED FOR ENTRY:**



**DONALD K. BYRD, BPR#033231**

**The Higgins Firm**

**525 Fourth Ave. S.**

**Nashville, TN 37210**

**(615) 353-0930**

**don@higginsfirm.com**

**CERTIFICATE OF SERVICE**

**I hereby certify that a true and correct copy of the foregoing has been mailed via Us Mail, postage prepaid to the following on this 28th day of January, 2020.**

**Robert Anthony**

**Forest Cove Nursing Home, Side 4, Room 549**

**Jackson, TN 38301**

**Teresa Anne Joyner**

**4528 Wickers Pond Road**

**Vernon, FL 32462**

**Marc Christopher Anthony**

**4528 Wickers Pond Road**

**Vernon, FL 32462**



**DONALD K. BYRD**

STATE OF TENNESSEE  
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

STATE LICENSE # 2019-041650

DECEASED	1. DECEASED'S LEGAL NAME LORRAINE ROSELAN THOMPSON		2. SEX FEMALE		3. DATE OF BIRTH 07/29/1919	
	4. YEAR OF DEATH 2019		5. AGE 99		6. DATE OF DEATH 08/25/2019	
	7. PLACE OF DEATH CHATTANOOGA		8. CITY OR TOWN CHATTANOOGA		9. COUNTY OF DEATH HAMILTON	
	10. FACILITY NAME EMERSON MEDICAL CENTER		11. CITY OR TOWN CHATTANOOGA		12. COUNTY OF DEATH HAMILTON	
FAMILY	13. MARITAL STATUS MARRIED		14. SURVIVING SPOUSE (Name, Date of Birth, and Age) ROBERT PICKETT ANTHONY		15. DECEASED'S USUAL OCCUPATION HOMEMAKER	
	16. SOCIAL SECURITY NUMBER TA 40-18222		17. RESIDENCE STATE OR FOREIGN COUNTRY TENNESSEE		18. COUNTY HAMILTON	
	19. STREET AND NUMBER 18 RACHEL DR. 7		20. HOME CITY OR TOWN CHATTANOOGA		21. ZIP CODE 37404	
	22. DECEASED'S EDUCATION HIGH SCHOOL GRADUATE (YES/NO) COMPLETED		23. DECEASED'S ETHNIC ORIGIN NO; NOT SPANISH/HISPANIC/LATINO		24. DECEASED'S RACE OTHER (EUROPEAN/AMERICAN/ASIAN/AFRICAN/OTHER)	
FAMILY	25. FATHER'S NAME ANTHONY SILVA		26. MOTHER'S NAME (USE TO FIND MARRIAGE) MARY FERRIERA			
	27. SURVIVING SPOUSE TERESA NICOLE JOYNER		28. RELATIONSHIP TO DECEASED DAUGHTER		29. HOME ADDRESS 4500 WICKERWOOD RD. VERNON, FL 33429	
	30. METHOD OF DEPOSITION CREMATION REMOVAL FROM STATE		31. PLACE OF DEPOSITION LANE FM & CREMATORY 3, CREST		32. LOCATION ROSELILLE, GA	
	33. SIGNATURE OF FUNERAL DIRECTOR GUY DAVID KELLER		34. LICENSE NUMBER 4383		35. SIGNATURE OF EXPOSER [Signature]	
FAMILY	36. NAME AND ADDRESS OF FUNERAL HOME LANE FUNERAL HOME, 801 65th AVE TERRACE, CHATTANOOGA, TN 37415-3533		37. LICENSE NUMBER 4383		38. SIGNATURE OF EXPOSER [Signature]	
	39. DECEASED'S SIGNATURE [Signature]		40. DATE SIGNED 07/29/2019			
	41. DECEASED'S SIGNATURE [Signature]		42. DATE SIGNED 07/29/2019			
	43. DECEASED'S SIGNATURE [Signature]		44. DATE SIGNED 07/29/2019			
PHYSICIAN OR MEDICAL EXAMINER	45. PHYSICIAN OR MEDICAL EXAMINER JEREMY GREENBERG		46. LICENSE NUMBER 51072		47. DATE SIGNED 07/29/2019	
	48. NAME AND ADDRESS JEREMY GREENBERG 370 EAST 3RD STREET, CHATTANOOGA, TN 37403		49. SIGNATURE OF PHYSICIAN OR MEDICAL EXAMINER [Signature]		50. DATE SIGNED 07/29/2019	
	51. PART 1: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		52. PART 2: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		53. PART 3: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	54. ACUTE OR CHRONIC HYPOTENSIVE RESPIRATORY FAILURE DUE TO (OR A CONSEQUENCE OF) D. TRACHEOSTOMY (MALPOSITION) DUE TO (OR A CONSEQUENCE OF) D. CHRONIC CRITICAL ILLNESS DUE TO (OR A CONSEQUENCE OF)		55. ACUTE OR CHRONIC HYPOTENSIVE RESPIRATORY FAILURE DUE TO (OR A CONSEQUENCE OF) D. TRACHEOSTOMY (MALPOSITION) DUE TO (OR A CONSEQUENCE OF) D. CHRONIC CRITICAL ILLNESS DUE TO (OR A CONSEQUENCE OF)		56. ACUTE OR CHRONIC HYPOTENSIVE RESPIRATORY FAILURE DUE TO (OR A CONSEQUENCE OF) D. TRACHEOSTOMY (MALPOSITION) DUE TO (OR A CONSEQUENCE OF) D. CHRONIC CRITICAL ILLNESS DUE TO (OR A CONSEQUENCE OF)	
PHYSICIAN OR MEDICAL EXAMINER	57. PART 4: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		58. PART 5: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		59. PART 6: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	60. PART 7: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		61. PART 8: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		62. PART 9: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	63. PART 10: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		64. PART 11: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		65. PART 12: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	66. PART 13: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		67. PART 14: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		68. PART 15: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
PHYSICIAN OR MEDICAL EXAMINER	69. PART 16: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		70. PART 17: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		71. PART 18: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	72. PART 19: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		73. PART 20: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		74. PART 21: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	75. PART 22: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		76. PART 23: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		77. PART 24: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	78. PART 25: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		79. PART 26: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		80. PART 27: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
PHYSICIAN OR MEDICAL EXAMINER	81. PART 28: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		82. PART 29: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		83. PART 30: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	84. PART 31: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		85. PART 32: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		86. PART 33: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	87. PART 34: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		88. PART 35: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		89. PART 36: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	90. PART 37: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		91. PART 38: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		92. PART 39: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
PHYSICIAN OR MEDICAL EXAMINER	93. PART 40: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		94. PART 41: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		95. PART 42: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	96. PART 43: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		97. PART 44: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		98. PART 45: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	99. PART 46: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		100. PART 47: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		101. PART 48: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	
	102. PART 49: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		103. PART 50: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)		104. PART 51: ENTER THE CAUSE OF DEATH (USE THE FOLLOWING CODES TO REPORT THE CAUSE OF DEATH. IF THE CAUSE OF DEATH IS NOT LISTED, ENTER "OTHER" AND PROVIDE A DESCRIPTION OF THE CAUSE OF DEATH.)	

11268517

I hereby certify the above to be a true and correct representation of the record of documents on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated § 26-2-101 et seq.; Vital Records Act of 1977.

*[Signature]*  
Edward G. Bando Jr.  
State Registrar

11268517  
Date: 08/29/2019

CERTIFICATION OF VITAL RECORD

**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-42-2562

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joyner  
RELATIONSHIP: Daughter & Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga, c/o Registered Agent: CT Corporation System  
300 Montvue Rd., Knoxville, TN 37919-5546

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

**Complete Emergency Medical Transport & Health Record**  
**Complete Autopsy Report, Autopsy Photographs & Toxicology Report**  
**Complete Health Record from Physician's Office or Clinic or Chiropractor**  
**Complete Pharmacy/Prescription Record**  
**Complete Nursing Home Record**  
**Complete Funeral Home Record**  
**Complete Durable Medical Equipment Record/Medical Supply Record**  
**Complete Prosthetic Equipment & Fitting Record**  
**Complete Dental Record**  
**Radiology Reports and Radiology Studies (Films & Images)**  
**Laboratory Test Results/Pathology Reports/Pathology Slides**  
**Photographs, Videotapes and Digital Images**  
**Complete Inpatient and Outpatient Health Record**  
**Emergency Room Record**  
**History & Physical Exam**  
**Discharge Summary**  
**Consultation Reports**  
**Progress Notes**  
**Laboratory Test Results**  
**Radiology Reports**  
**Radiology Studies (Films & Images) to Match Attached Reports**  
**Operative Reports**  
**Pathology Reports**  
**Pathology Slides**

Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): The Higgins Firm, PLLC  
525 4th Ave. South, Nashville, TN 37210

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting - notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: final conclusion of the lawsuit civil case.

10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can inspect or copy the Health Information to be used or disclosed; I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are intended and shall be treated as an original.

SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrator

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE I.D. ON THE 30 DAY OF September 2020.

S. Sloan  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

---

**1. PATIENT IDENTIFICATION**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1936 SOCIAL SECURITY NO.: 409-40-2566

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Joyner  
RELATIONSHIP: Daughter - Administrative of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32462

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

---

**4. HEALTH INFORMATION TO BE DISCLOSED Including records/documents received from any  
other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT  
LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
Photographs, Videotapes and Digital Images  
Complete Inpatient and Outpatient Health Record  
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Discharge Summary  
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Radiology Studies (Films & Images) to Match Attached Reports  
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Pathology Slides



Photos/Videos/Digital Images  
Abstract of Health Record (All Transcribed Physician Reports & Test Results)  
Nursing Notes  
Activities of Daily Living  
Nutrition Records  
Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**

Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

**6. PURPOSE OF DISCLOSURE/USE: CIVIL LITIGATION**

**7. TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s): Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and is no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

9. **TIME LIMIT & RIGHT TO REVOKE AUTHORIZATION:** Except to the extent that action has already been taken in reliance on this Authorization, I understand this Authorization is voluntary and that I may revoke it at any time by submitting a notice in writing to the Record Custodian or organization(s) providing the health information. Unless revoked, this Authorization will expire at the occurrence of the following event: Final conclusion of the pending civil case.

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SIGNATURE Teresa Anne Joyner DATE: 1-30-2020

PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF January, 20 20.

[Signature]  
WITNESS AND/OR NOTARY PUBLIC



**HIPAA COMPLIANT  
AUTHORIZATION FOR USE & DISCLOSURE OF  
INDIVIDUALLY IDENTIFIABLE AND PROTECTED HEALTH INFORMATION ("HEALTH  
INFORMATION")**

**1. PATIENT IDENTIFICATION:**

PRINTED NAME: Lorraine Anthony  
ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: 06/29/1986 SOCIAL SECURITY NO.: 409-48-2500

**2. PERSONAL REPRESENTATIVE IDENTIFICATION**

PRINTED NAME: Teresa Anne Joyner  
RELATIONSHIP: Daughter & Administrator of Estate  
ADDRESS: 4528 Wickers Pond Road, Vernon, FL 32460

**3. PERSONS/ORGANIZATIONS AUTHORIZED TO DISCLOSE HEALTH INFORMATION:**

Kindred Hospital - Chattanooga; Kindred Hospitals Limited Partnership d/b/s Kindred Hospital - Chattanooga; TriStar Centennial Medical Center-HCA Health Services of Tennessee, Inc. d/b/s TriStar Centennial Medical Center; Jennifer A. Johnson, MD, TriStar Centennial Medical Center; Charles T. Brice, MD, Kindred Hospital - Chattanooga; and Charles T. Brice, MD, USA Medical Mall

**4. HEALTH INFORMATION TO BE DISCLOSED including records/documents received from any other health care providers, therapists, or counselors**

FROM: All Records

**HOSPITAL, NURSING HOME, PHYSICIAN, HEALTH CARE PROVIDERS INCLUDING BUT NOT LIMITED TO:**

Complete Emergency Medical Transport & Health Record  
Complete Autopsy Report, Autopsy Photographs & Toxicology Report  
Complete Health Record from Physician's Office or Clinic or Chiropractor  
Complete Pharmacy/Prescription Record  
Complete Nursing Home Record  
Complete Funeral Home Record  
Complete Durable Medical Equipment Record/Medical Supply Record  
Complete Prosthetic Equipment & Fitting Record  
Complete Dental Record  
Radiology Reports and Radiology Studies (Films & Images)  
Laboratory Test Results/Pathology Reports/Pathology Slides  
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Any and all other records in your possession pertaining to Lorraine Anthony

**BILLING RECORDS:**  
Complete Billing Record including an Itemized Statement

5. THIS AUTHORIZATION IS NOT TO BE CONSTRUED AS MY CONSENT TO RELEASE ANY OF THE FOLLOWING RECORDS: DRUG AND/OR ALCOHOL ABUSE, AND/OR PSYCHIATRIC, AND/OR HIV/AIDS RECORDS.

6. **PURPOSE OF DISCLOSURE/USE:** CIVIL LITIGATION

7. **TO WHOM AND WHERE TO SEND DISCLOSED HEALTH INFORMATION:**

I authorize the disclosure and use of the Health Information described above to the following person(s) or organization(s):  
Kindred Hospitals Limited Partnership d/b/a Kindred Hospital - Chattanooga  
c/o Registered Agent: CT Corporation System  
300 Montvue Rd.  
Knoxville, TN 37919-5546

8. **RE-DISCLOSURE:** I understand the information disclosed by this Authorization may be subject to re-disclosure by the recipient(s) and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. The facilities, their employees, and officers are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

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10. **RIGHTS & SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE REQUESTING DISCLOSURE:** I understand that I do not have to sign this Authorization and that my treatment or payment for services will not be denied if I do not sign this form unless specified above under Purpose of Request. I can request a copy of the Health Information to be used or disclosed. I may see and receive a copy of this Authorization. I authorize the herein named person and/or organization to disclose the Health Information specified above. The information I am requesting may be sent by U.S. mail services, expedited mail services (such as Federal Express "FedEx", United Parcel Service "UPS", etc.) and/or electronic facsimile in accordance with the provider's facsimile policy. A facsimile, photo static, carbon or other copies of this Authorization are tolerated and shall be treated as an original.

SIGNATURE Teresa Anne Joyner DATE: 7-30-2020


PRINTED NAME: TERESA ANNE JOYNER

IF SIGNED BY SOMEONE OTHER THAN PATIENT, INDICATE RELATIONSHIP: Daughter & Administrative

THIS AUTHORIZATION WAS SIGNED BY Teresa Anne Joyner WHO WAS  
IDENTIFIED BY PICTURE ID. ON THIS 30 DAY OF September, 20 20.

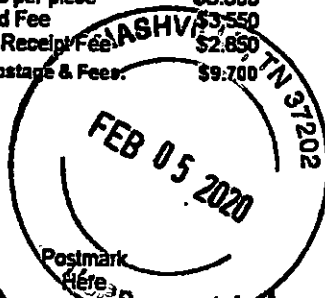
[Signature]  
WITNESS AND/OR NOTARY PUBLIC



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Ensure items 1, 2, and 3 are completed.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature: (<input type="checkbox"/> Addressee or <input type="checkbox"/> Agent)</p> <p><i>Sarahtha Sutton</i></p>	
		<p>B. Received By: (Print Name)</p> <p><i>FLB 07 2020</i></p>	<p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Kindred Hospitals Limited Partnership c/o Registered Agent: CT Corporation System d/b/a Kindred Hospital - Chattanooga 300 Montvue Rd. Knoxville TN 37919-5546</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
 <p>9490 9118 9956 1777 7408 43</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail®</p>	

PS Form 3800, 11/15/19, only use for paper mail

Domestic Return Receipt

<p>U.S. Postal Service</p> <p>Certified Mail Receipt</p>	<p><b>OUTBOUND TRACKING NUMBER</b></p> <p>9415 5118 9356 1777 7408 69</p>	<p><b>FEEs</b></p> <p>Postage per piece \$3.300</p> <p>Certified Fee \$3.550</p> <p>Return Receipt Fee \$2.650</p> <p><b>Total Postage &amp; Fees \$9.700</b></p>
	<p><b>RETURN RECEIPT TRACKING NUMBER</b></p> <p>9490 9118 9356 1777 7408 43</p>	 <p>Postmark Here</p> <p><i>Anthony 2/5/2020</i></p>
	<p><b>ARTICLE ADDRESS TO:</b></p> <p>Kindred Hospitals Limited Partnership c/o Registered Agent: CT Corporation System d/b/a Kindred Hospital - Chattanooga 300 Montvue Rd. Knoxville TN 37919-5546</p>	

IN THE CIRCUIT COURT OF HAMILTON COUNTY, TENNESSEE

Teresa Anne Joyner, as administratrix  
of the estate and on behalf of the  
wrongful death beneficiaries of Lorraine  
Anthony, deceased,

Plaintiff,

v.

Kindred Hospitals Limited Partnership  
d/b/a Kindred Hospital - Chattanooga,

Defendant.

Case No. 200620  
FILED IN OFFICE  
2020 JUN -5 AM 9:22  
HARRY L. HENRY, CLERK  
BY [Signature]

CERTIFICATE OF GOOD FAITH

Comes now the Plaintiff, Teresa Anne Joyner, as administratrix of the estate and on behalf of the wrongful death beneficiaries of Lorraine Anthony, deceased by and through counsel, and pursuant to T.C.A. § 29-26-122, and states as follows:

I have consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case;  
and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the plaintiff for the incident or incidents at issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

I have no prior violations of this section.

Respectfully Submitted,

**THE HIGGINS FIRM, PLLC**

**/s/ Benjamin J. Miller**

**BENJAMIN J. MILLER, BPR NO. 25575**

**RICHARD D. PILIPONIS, BPR NO. 16249**

**CARLY MACMILLAN, BPR NO. 35827**

**Attorneys for Plaintiff**

**525 4th Ave. South**

**Nashville, TN 37210**

**(615) 353-0930**